

**LOCAL ROAD REHABILITATION
PROJECT CERTIFICATION****Local Agency Letterhead**To: (Regional Transportation Planning Agency)
(Address)

Date :

The City/County of _____ submits the following local road rehabilitation project for certification that the project is in compliance with California Transportation Commission guidelines.

Project Description: _____

Street/Road	From ----- to -----	Local Road Facility (Pavement, drainage structure, bridge, cut slope, embankment, etc.)	PPNO	Rehabilitation Strategy (Resurfacing, chip seal, seal coat, restoration of existing facility, etc.)	Service Life (Years)

The project listed above meets the following standards:

- The type of work is eligible for local road rehabilitation, and excludes routine maintenance work, as described in Section II-D-9, "Eligibility of Rehabilitation Projects" of the *Procedures for Administering Local Agency Grant projects in the State Transportation Improvement Program*.
- For pavement rehabilitation, the estimated number of years the work will extend the service life of the facility is documented in a PSR or equivalent signed by a registered civil engineer.
- Pavement rehabilitation strategies with less than 10 years service life have been determined by a Pavement Management System (PMS) to be cost effective and have a service life of 5 years or more. (Attach PMS certification if appropriate.)
- The work does not degrade any existing safety or geometric aspect of the facility.

City/County Signature _____ Title: _____

Regional Transportation Planning Agency/County Transportation Commission Certification:

The _____ (Regional Transportation Planning Agency/County Transportation Commission) certifies the projects listed above meet California Transportation Commission guidelines.

Signature _____ Title _____ Date: _____

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